

# **Creating a Common Vocabulary: Working with Families of Teens with BPD**

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February 11, 2018

# Why Work with Families

- BPD is a relationship disorder
  - Gunderson (2010) argued for a greater focus on interpersonal dysfunction in understanding borderline personality disorder (DSM-Five debate): the interpersonal dysfunction of BPD "offers the best discriminator for the diagnosis"
- BPD is an environmentally-induced disorder
  - Mood shifts and self-destructive behaviors in BPD often occur in response to interpersonal triggers
- Working with families is a natural step
  - BPD affects family functioning

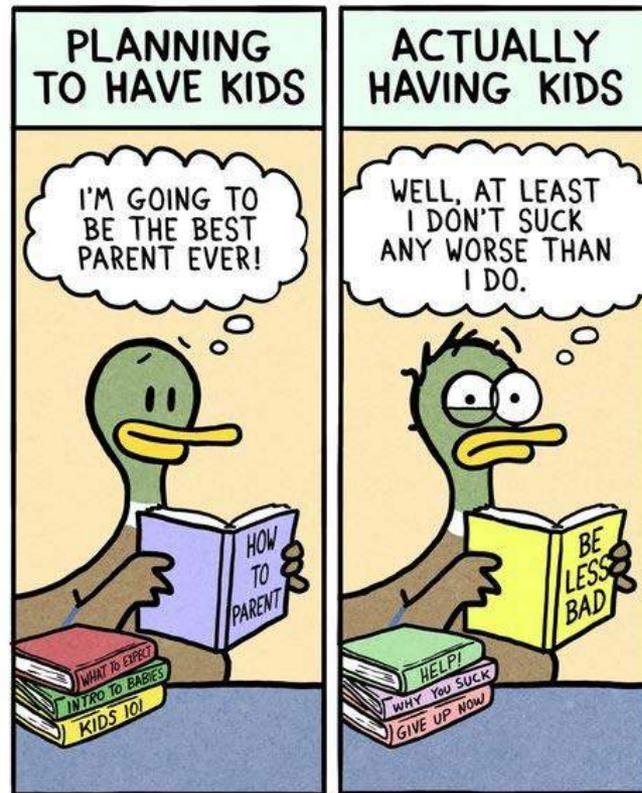
What do we know about families?

# The Role of Parents and Caregivers

- ✓ Take Care of the Biological Needs of the Child
- ✓ Provide an Optimal Environment
- ✓ Protect
- ✓ Teach and Educate
- ✓ Provide Guidance, Direction, Assistance and Help
- ✓ Support and Motivate
- ✓ Model and Teach Social and Emotional Skills
- ✓ Discipline Gently

# The Mindset of Parents

- Parenting 101?



# The Goal: Fixing/Problem Solving



# Understanding BPD Parents

- “The Road to Hell is Paved with Good Intentions.”



- “If You’re Going Through Hell, Keep Going.”

# HELL

- “As we chatted, she alluded to not understanding why her dad and I hate her boyfriend so much. After my initial shock, I noted because he put her in the hospital, to which she replied “the police made me go.” T
- \*I just accidentally ran into [my child] as I put trash in the garbage cans and now he is freaking out.
  - \*We are supposed to head to the airport.
  - \*He is hitting himself in the face and pounding the walls.
  - \*His dad now screaming that he is killing everyone in the family.
  - \*He just called screaming that he heard sirens and he was going to kill himself and whatever neighbor called.
  - \*His response to my q if he was safe: *I don't have to say that. I will not be pressured to make you feel better. No more contact.*
  - \*No word.
- “I haven't heard from her in two days. Now she texted me to tell me she is staying at her friend's house. Refuses to come home. Won't take my calls.” M

# HELL Squared

A mother:

*“The doctor said: There is nothing I can do for your daughter.”*

A father:

*“The doctor whispered quietly in my ear: Borderline.”*

A mother:

*“I said borderline, and the [University] Mental Health Center supervisor told me that they couldn’t do much for him and he should go to the ER instead when he needs help.”*

Sitting in a room with family members with 50  
borderline personality disorder relatives is being  
witness to ongoing trauma.

# What Are the Problems?

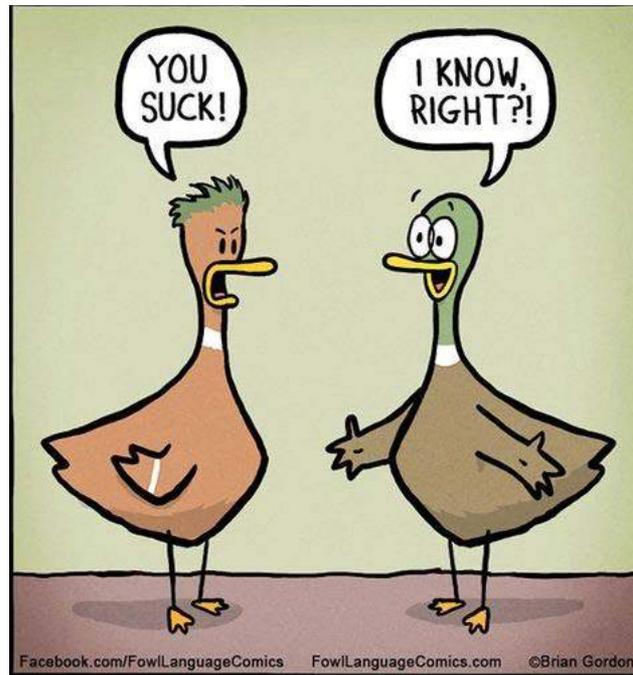
- Cluelessness (lack of knowledge/lack of skills)
  - Lots of conflicting, well meaning advice, rarely lack of willingness

*“So she lies down in front of my car when it is time I go to work. I’ve tried everything, I have no idea what to do. I am going to lose my job.”*
- Behaviors appear chaotic/irrational
  - Polarization towards rational arguments

*“He is always out with his friends and then he tells me he has no friends. So I tell him he is out all the time, and he yells at me that I don’t get it.”*
- Strong emotions / lack of emotional literacy
  - Powerlessness (over child and with situation);

*“I can’t sleep; my husband also can’t sleep, but in the other room. And I find that I’m angry with her all the time.”*
- Lack of effective mental health resources

# Unhelpful (and common) thoughts:



# Unhelpful (and common) thoughts:

My child is doing this to hurt me – my child is manipulating me

ANGER

I can't help; I don't know what to do

Imagining the worst

FEAR/ANXIETY

GUILT

This will never get better

Other parents have this figured out – I'm a bad parent

SHAME

HOPELESSNESS

If only my child tried/my spouse knew what to do / this is unfair

RESENTMENT

# Unhelpful (and common) thoughts:

My parents are trying to control me – I hate them

ANGER

I know my parents fight because of me

GUILT

There is no way I can do what my parents want me to do

FEAR/ANXIETY

This will never ever ever get better

HOPELESSNESS

I always get in trouble/I am ugly

SHAME

If only my parents listened to me – they love my siblings more

RESENTMENT

“THE SECRET OF  
CHANGE IS TO FOCUS  
ALL OF YOUR ENERGY,  
NOT ON FIGHTING THE  
OLD, BUT ON BUILDING  
THE NEW.”

— *SOCRATES*

“WANTING SOMETHING HAS  
NEVER GOTTEN ANYONE TO  
GET IT.

DOING SOMETHING, HAS.”

MARSHA LINEHAN

# Clinical Interventions

Interconnectivity in Families:  
Second Hand Victims of the Disorder  
AND  
Potential Vectors of Treatment

# Families like to know...

- 1. There is hope; and**
- 2. Time is on their side:**

- Recovery is possible and likely:
  - After 2 years.. more than 50% patients recover
  - After 10 years.. more than 80% recover
  - 88% remain in remission

Mary Zanarini, Ph.D et al (2012)

- With good treatment, 80% of young adults no longer meet BPD criteria within two years

Alan Fruzzetti, Ph.D

**BPD is a good prognosis diagnosis**

# Families also like to know...

- There is no medication that cures big emotions
- Impulsive symptoms decline more rapidly than affective symptoms
- BPD negatively affects the course of major depressive disorder (“treatment resistance”)
- Mood shifts in BPD are often triggered by interpersonal situations– vs. in bipolar disorder, from stress and sleep-related triggers
- Work and social functional impairment persists after symptomatic remission
- Improving either functioning or symptoms predicts improvement in the other domain

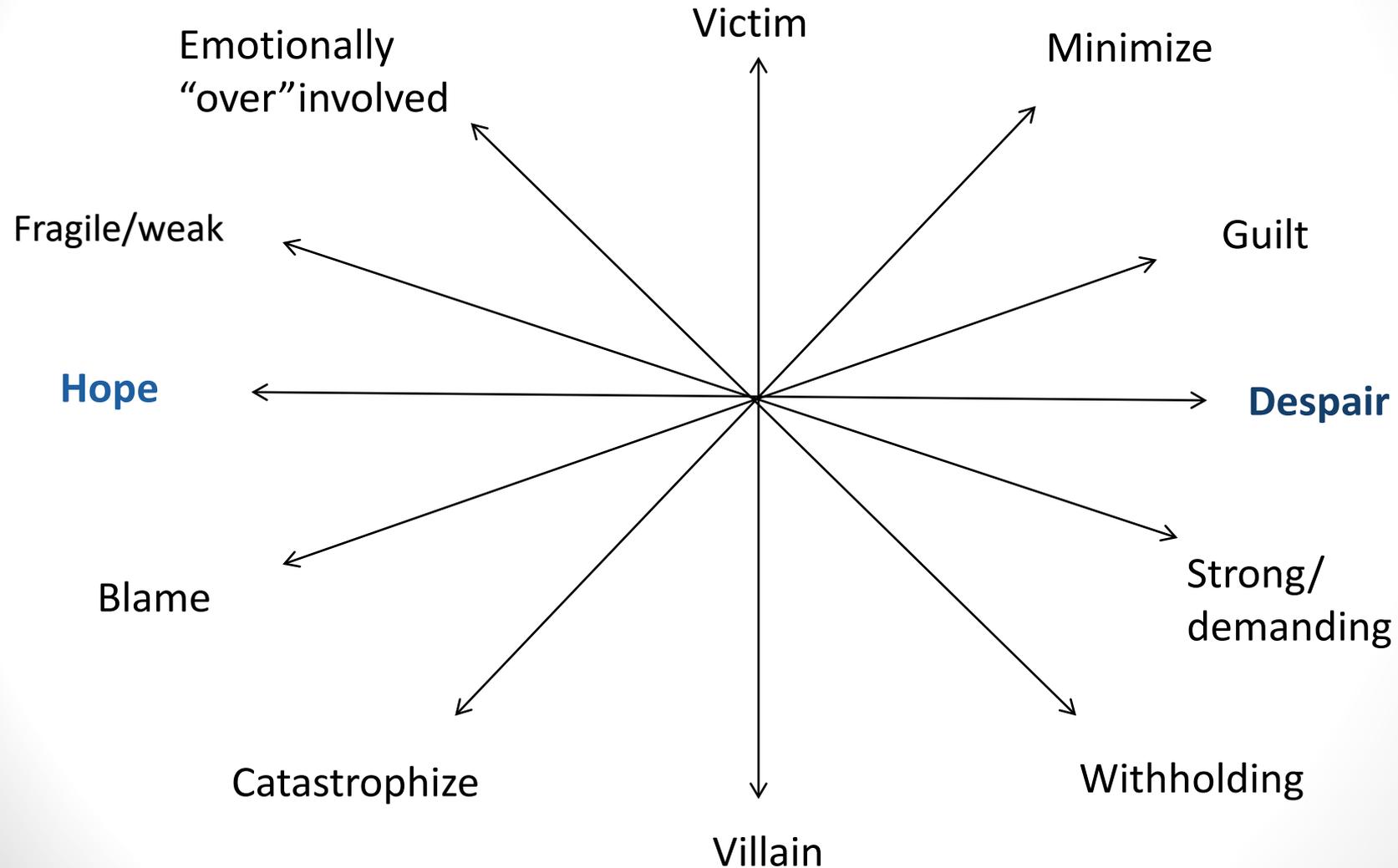
# Client: the Family Relationship

- We are educators: we teach emotional literacy, highlight normative expectations and explain new, skillful language
- We are translators – helping each side be heard and in some cases, speak about their emotions and pointing out unhelpful cognitive processes:
  - “What I heard you say...”*
  - Block and redirect: “should, always, never, etc.”*
- We are coaches and we model skills: we offer non-judgement, validation, encouragement and problem solving

# The Big Picture for Relatives

- Take care of themselves first : *“oxygen mask”*
  - Accept that change starts with them (paradigm shift)
  - Learn to recognize limits: *“what is it that makes you lose sleep at night?”* and
  - Learn to apply and stick to these limits: *“rod of steel wrapped in lots of bubble wrap”* - *“VVVNV”*
- Keep in mind the importance of the relationship.
  - *“Do we want to be right or do we want to be effective?”*
- Not escalating is usually more effective than being right: *“anger is always toxic in families”*
  - Be aware of longer term goals; *“some movement forward”*
  - Encourage to see both sides: *“In what little way is my child right, here?”*

# Family Polarities: Looking for the Dialectic



*Perry D. Hoffman, Ph.D.*

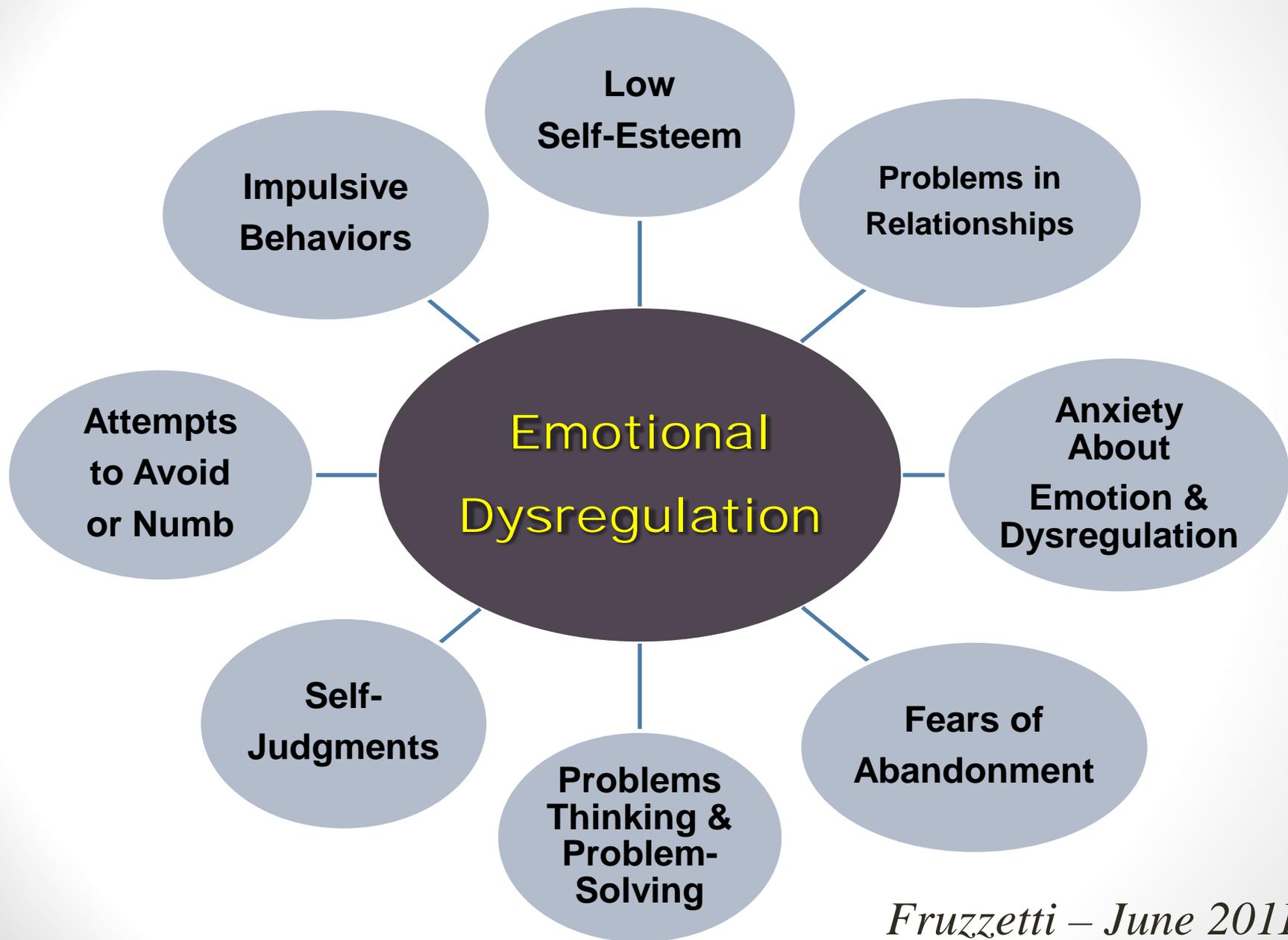
# Clinical Interventions - overview

## Obstacles

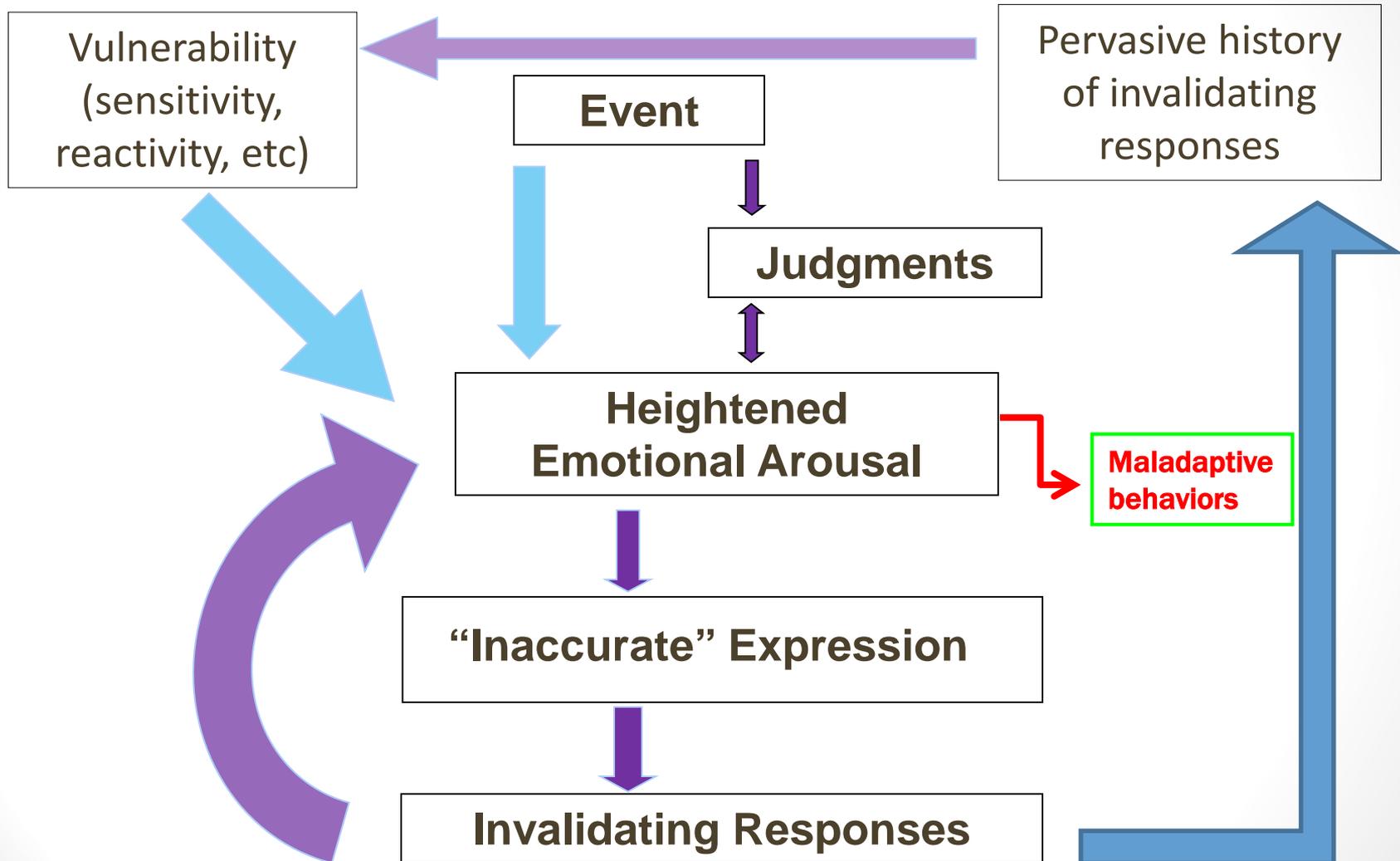
- Lack of knowledge and practice of effective parenting skills
- Strong emotions
  - Fear
  - Confusion
  - Helplessness and hopelessness
  - Guilt and shame
  - Anger in parents
  - Family breakdown - causing shame for the patient
- Rigidity around goals and expectations

## Key interventions

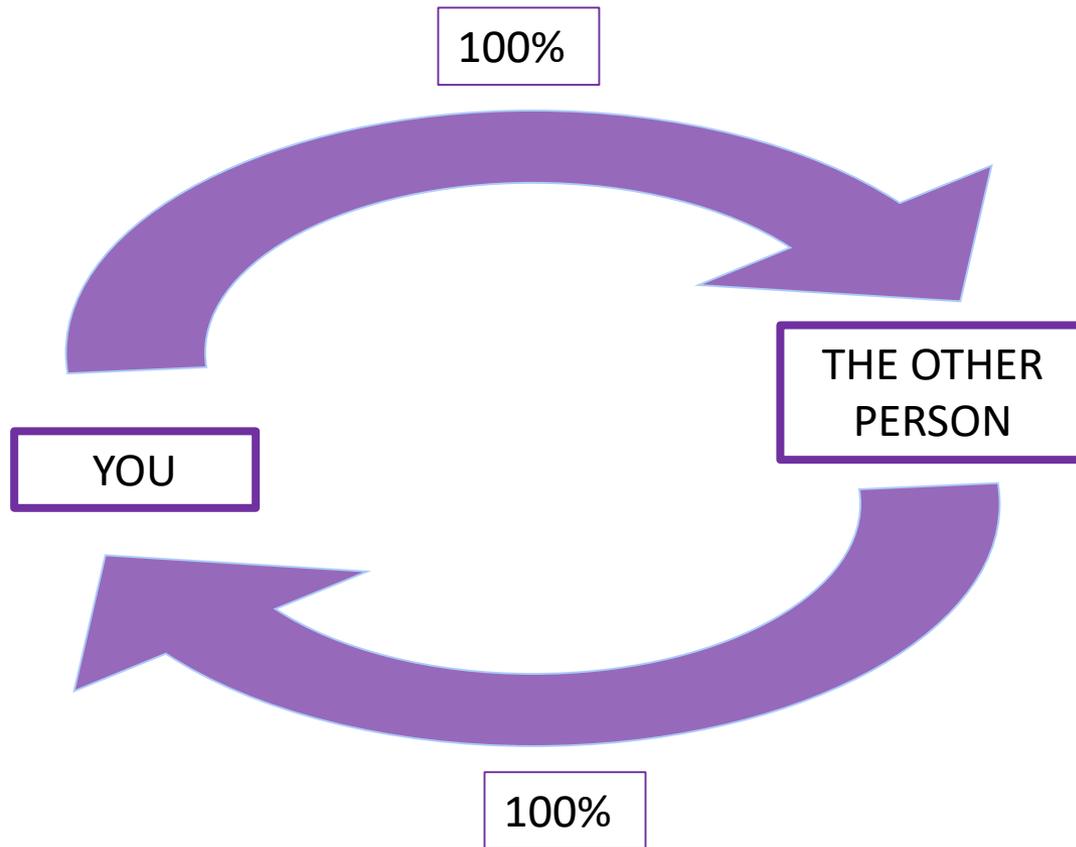
- Psychoeducation
  - Safety Interventions
- Parenting skills
  - Mindfulness
  - Emotion Regulation
  - Improved emotional literacy
  - Mindfulness of relationship
  - Validation
- Radical Acceptance



# Transactional Model for Emotion Dysregulation



# Interpersonal Transactions



# Psycho education – safety specifics:

- Functions of self-injurious thoughts, urges and acts in BPD

*“imagine hurting yourself like this and the pain it would represent. His/her emotional pain is greater than that.”*

- How to maintain safety – all acts require a thoughtful response:

- Crisis Prevention Safety Plan

[https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown\\_StanleySafetyPlanTemplate.pdf](https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf)

- How to respond to threats to self or others

*“you and your child are a team looking to keep your child safe in moments when they cannot stay safe on their own.”*

# Key Family Skills

- Non-Judgment

*“benign benign benign”*

- Primary/secondary emotions

*“What am I missing?”*

- Relationship Mindfulness

*“He’s doing the best he can and it really sucks right now”*

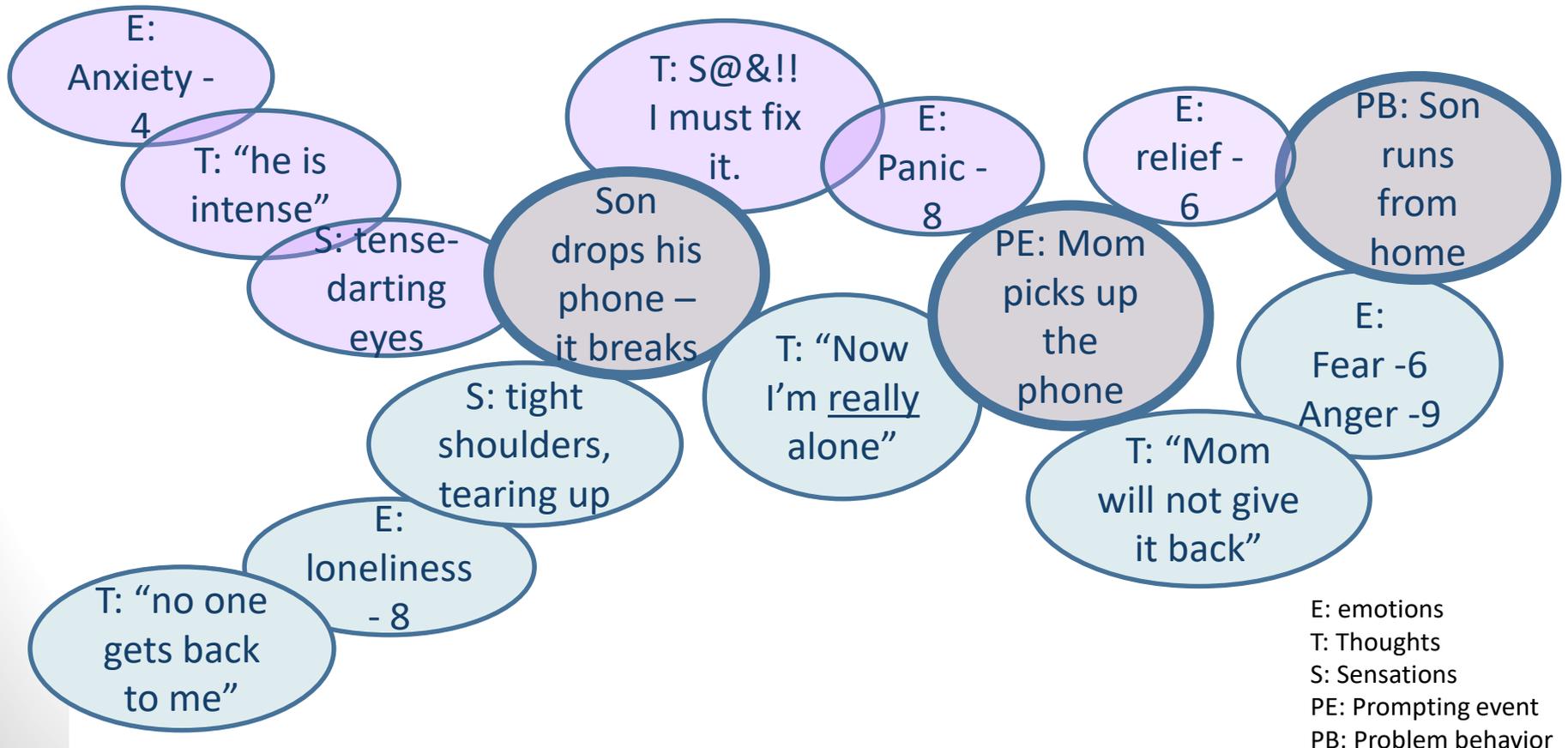
- Radical Acceptance

*“It has to be this way”*

- Validation

# Key Family Skills

## Improved Understanding



# Why is validation important?

- Soothes emotion
  - *“fire extinguisher metaphor”*
- Builds trust and slows reactivity
- Reduces anger, judgments
- Enhances self-respect
- The key to getting through conflict
- Enhances closeness
- Makes problem solving possible

# Radical Acceptance

This is hard

- Often these children held much promise; *“the qualities are still there.”*

*“The Rain... and That Too”*

- Complete and total acceptance
- Not fighting reality: *“you can put your energy into fighting reality, or into accepting it and figuring out next steps.”*
- Accept that every event has a cause
- Letting go
- Moving from unacceptable agony to acceptable pain
- Making a relationship worth having, despite the pain
- To change something ... you must first accept it.

# Practice in Session, Give Homework

- Block:
  - defensiveness - *“this must hurt”*
  - rejection of accusations - *“in what way is this true, even if a little from your perspective?”*
  - Escalation or avoidance – encouragement of in the moment skill use.
- *“Planned Parenting:”*
  - *“Appreciation is normal, but tone it down. Disagreement is normal. Tone it down too.”*
  - Encourage maintaining family routines
  - Encourage finding time to talk - neutral topics



# Family Connections Education - Skills – Support

*“The class was a lifeline for us when we were very, very low and not completely understanding our daughter and her issues...[our life together today] would have not been possible without the skills and understanding that we acquired ... The class lifted the curtain of ignorance about this illness and exposed it to the light.”*

# Family Connection Goals

1. Psychoeducation
2. Teach and practice skills
  - Individual self-management (“mini” DBT skills)
  - Family skills (Relationship Mindfulness, Activation, Validation, Closeness and Acceptance, Problem Management)
3. Increase social support and create a network of support around common issues, problems, and solutions

Improvements in family functioning predict (and mediate) most outcomes – *Alan Fruzzetti, Ph.D.*

# FC Meeting Structure

- “Homework” review
- Teaching (education content, skills)
  - Instruction, examples, modeling
  - Questions, clarification
- Time for sharing and discussion, support
  - Modeling non-judgmental, non-blaming stance
  - Structure (& reinforce) group to provide support
  - Share time; leaders redirect discussion as needed
  - Validating the valid
- Practice, practice, practice...
- Homework/practice commitment

# Group Leaders

- Go through FC (or similar workshop) first
- Are recommended for leader training
- Group leader training
  - Understand program content
  - Learn how to teach, model, practice, encourage
  - Learn effective group management
- Have “teaching notes” and other resources
- Ongoing support and mentoring and “supervision” by peers or professionals (help is available!)

# Group Leaders (continued)

- Agree to follow the manual
- Are not burdened by “therapist” role
  - Get support to be peer leaders & facilitators
  - Clear guidelines for referring members to therapeutic services if needed
- Advanced training
  - Focus on improvement, adherence
  - Continuing enrichment, education, support

# Getting Started Skills



- Rights of Relatives:
  - healthy selfishness
  - learn to say no
  - accept that we cannot solve our relative's problems,
  - accept that we will lose our cool at times)
- Basic Assumptions to be Effective:
  - interpret things in the most benign way possible,
  - no one or absolute truth,
  - everyone is doing the best they can in this moment AND
  - everyone needs to try harder

# Developing Interest & Curiosity



- Sensitivity, reactivity, return to baseline
- Awareness of validating vs. invalidating family/social environment
- Awareness of our relative's need for support AND our need for balancing our relative's and our needs (oxygen mask)
- Emotion mindfulness: Observe, Describe, Participate Non-Judgmentally, One-Mindfully and Effectively

# Relationship Mindfulness



- Observing and describing another
- Letting go of judgments
- Stay with facts
- Benign interpretations
- Recognize transactional nature of the relationship

*“Sure, we still have our moments of conflict, but we can usually come to a place of understanding, thanks to our new skills...”*

# Radical Acceptance



- What is the reality?
- Four ways to deal with any problem
- Acceptance reduces suffering
- Acceptance gives you more control, not less
- Practice acceptance every day
- Start small
- Change/Tolerance starts with you

# Limit Setting Skills



- “Boundaries” can be a loaded term/ abandonment issues can be raised.
- In this class we “observe our limits”:
  - “I wish I could help you but this is all I can do.”
- Fine line between enabling and being supportive. We will find the balance to avoid burning out in the long run.

# Limit Setting Skills (cont'd)



- Requires “wise” mind
- Limits change in different situations
- Self respect
- Clarity and consistency (even collaboration)
- “how can I do this in a self-respecting way?”
- How to observe a limit when it is wise (and really difficult)

# Validation Skills



- What validation is, why it is important
  - Really understand the other person, communicate that you understand
  - Validation does not equal agreement
- What to validate (targets)
  - Feelings or emotions
  - Legitimacy in desires
  - Opinions or thoughts
  - Values / Priorities
  - Task difficulty
  - Effort made towards goals
  - Things that enhance relations

# Validation Skills (cont'd)



- When to validate (timing)
- How to validate (types)
- Discriminating emotion
- Validating relationships
- Identifying and repairing invalidation
- Seeking validation

*A. and I had a big breakthrough this morning (...). A. dysregulated and I was of course the target. I managed to stay calm, listen to her and validate the emotion I thought she was feeling. IT WORKED!!!! We have a long way to go but this was huge. E. (CT)*

# Problem Management



- Options for approaching problems
  - Solve the problem
  - Accept the problem and change the way you feel or react to it
  - Accept the problem and the way you feel about it or react to it
  - Stay stuck and miserable

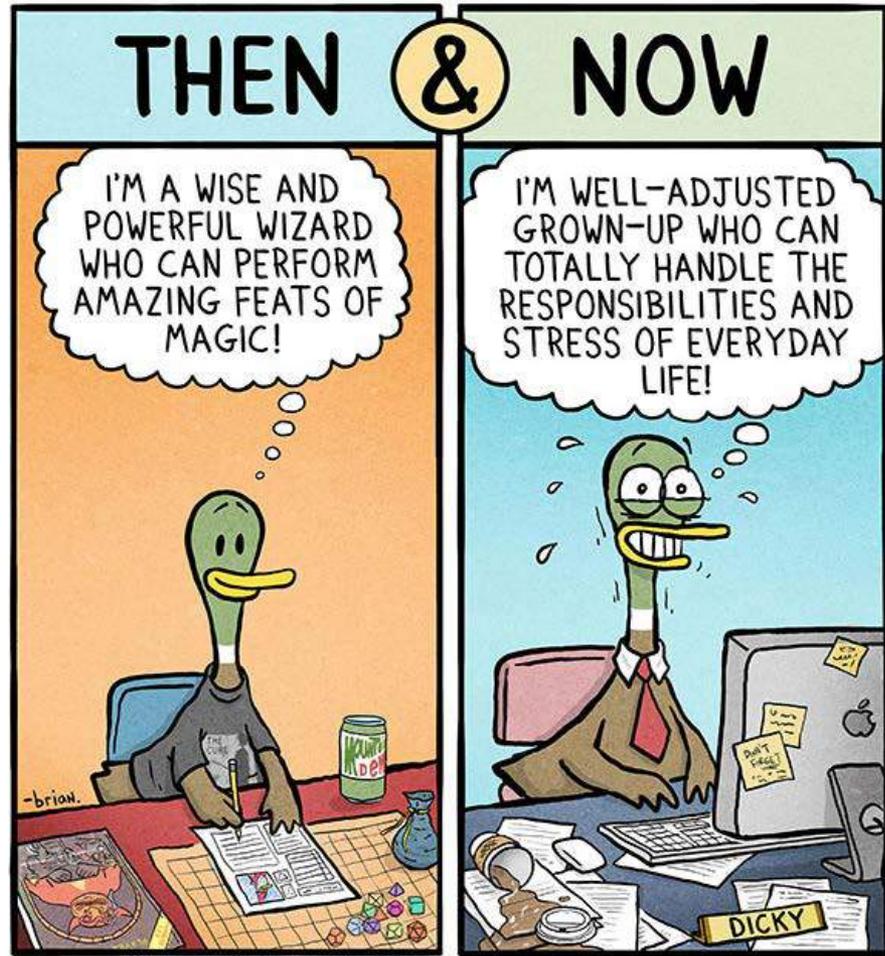
# Final Parent Words

*Thank you SO very much for the incredible learning experience of this Family Connections class. You have been so informative, warm, supportive and validating, that this exceeded all of my expectations. ...There just is no substitute for the sharing, and networking, and heart to heart with other families who are dealing with BPD loved ones.*

*(...) I believe that through my personal research, and focus on DBT learning skills, it has made me a more effective parent. Together we are learning to trust. I do believe that the more I naturally assume the DBT communication strategies and principles, the better things will get. I would like to continue to pursue this, and help other families who might not have some of the resources and experience that I have. We are all on a journey, schooled, skilled, or not.*

*S. (CT)*





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**THANK YOU!**